

## DEATH INVESTIGATION REPORT

Case Number \_\_\_\_\_

Certifier's Form (CDIRF)12.94

Decedent's Name \_\_\_\_\_

Medical Examiner's Office \_\_\_\_\_

FIRST

MIDDLE

LAST

EXAM PROCEDURE		A	Autopsy (head, neck and thoracoabdominal dissection)
Date:		L	Autopsy, limited: Describe>>
Time:		E	External inspection; no dissection
By:		C	Certification or "sign-out" only; no examination of body at morgue
Exam#:		R	Review of case; confirm case as jurisdiction declined (will not certify)

PROCEDURES		S	Scene inspection by certifier or M.E.
		H	Histology
		P	Photos of examination
		I	Imaging studies (X-rays or other imaging studies)
		A	Alcohol (ethanol) determination on blood or serum
		T	Toxicology screen (tests other than ethanol)
		M	Cultures/microbiology
CERTIFICATION		L	Chemistries/clinical Lab Tests
PENDING: _____		O	Other: (consults etc) specify>>>

NOTE: DO NOT COMPLETE THE REST OF THIS FORM UNTIL DEATH IS CERTIFIED OR CASE IS FINALIZED

CAUSE OF DEATH		Duration (Opt)
Immediate:		
due to:		
due to:		
due to:		
Other Significant Conditions:		
MANNER OF DEATH	<input type="checkbox"/> Homicide(H) <input type="checkbox"/> Suicide(S) <input type="checkbox"/> Accident(A) <input type="checkbox"/> Natural(N) <input type="checkbox"/> Undetermined(U)	

IF INJURY CAUSED OR CONTRIBUTED TO DEATH	INJURY DATE:	TIME:
How did injury occur:		
Type of place where injury occurred:		
Injury address:		

Street#      Street Name      City      County      State      ZIP

Actual Date/Time of Death (Circle if "approx" or "found")>>>>>	DATE:	TIME:
Death Certified by:	DATE:	TIME:
Title of Certifier:		

NOTE: DO NOT COMPLETE ITEMS ON THIS PAGE UNTIL THE CASE IS BEING CERTIFIED (OR FINALIZED)

ADDITIONAL QUESTIONS RELATED TO CERTIFICATION	YES (Y)	NO (N)	UNKNOWN (U)
Was an autopsy performed anywhere else?			
Were autopsy findings used to ascribe cause or manner of death?			
Did the events leading to death occur while the person was at work?			
Does the death meet the NIOSH guidelines for "injury at work"?			
Was surgery performed within 30 days of death?			
If Surgery performed > DATE: REASON:			

ETHANOL ___ N/A	Specimen:	Concentration/Units:
DRUG SCREEN ___ N/A	___ Positive Screen (P)	___ Negative Screen (N)
Specific Drug Results (specimen, substance, concentration; include negatives if possible):		
Are concentrations representative of those at the time of the incident that led to death? ___Yes ___No ___?		

Write key words (preferably, more than one word in each category) for features of decedent, place, and circumstances that might assist in categorizing the death or indicating unique features of the death.  EXAMPLE: <u>Person</u> : inmate, prisoner <u>Place</u> : jail, city prison <u>Circumstances</u> : in-custody hanging with shoestrings	
PERSON >>	
PLACE >>	
CIRCUMSTANCES >> <small>Include weapon if known</small>	

CHECK IF CASE IS REPORTABLE TO ANY OF THESE AGENCIES; INDICATE DATE REPORTED							
		Agency	Report Date			Agency	Report Date
	A	Local health department			F	FDA-Food	
	B	Child fatality review panel			G	FDA-Drug	
	C	NHTSA (FARS)			H	FDA-Medical Device	
	D	SAMHSA (DAWN)			I	OSHA	
	E	CPSC (MECAP)			J	OTHER >>	

ADDITIONAL COMMENTS: